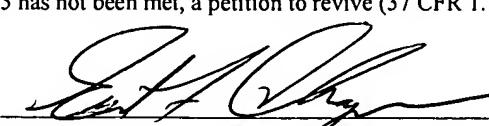
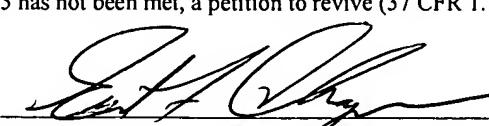
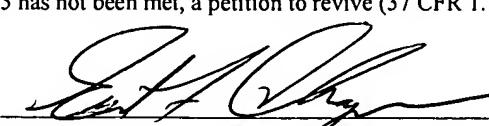


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|--|--|---|
| 000FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br>REV. 2/01T   |  | CUSTOMER NO. 22,852<br>ATTORNEY'S DOCKET NUMBER<br><br>05788.0374<br><br>U.S. APPLICATION NO.<br>(If known; see 37 CFR 1.5)<br><b>107540530</b> |
| <p><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b></p> |  |   |
| INTERNATIONAL APPLICATION NO.  | INTERNATIONAL FILING DATE  | PRIORITY DATE CLAIMED   |
| PCT/IB2002/005613  | December 24, 2002  |   |
| <b>TITLE OF INVENTION: RADIO BASE STATION RECEIVER HAVING DIGITAL FILTERING AND REDUCED SAMPLING FREQUENCY</b>                             |  |   |
| <b>APPLICANTS FOR DO/EO/US: 1) Flavio BUSAGLIA, 2) Valerio BERNASCONI</b>  |  |   |
| Applicants herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:            |  |   |
| 1.   | <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C 371.   |   |
| 2.   | <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.   |   |
| 3.   | <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |   |
| 4.   | <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).   |   |
| 5.   | <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).   |   |
|  | a.   | <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).                                    |
|  | b.   | <input checked="" type="checkbox"/> has been communicated by the International Bureau.  |
|  | c.   | <input type="checkbox"/> is not required, as the application was filed with the United States Receiving Office (RO/US).                         |
| 6.   | <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).  |   |
|  | a.   | <input checked="" type="checkbox"/> is attached hereto.   |
|  | b.   | <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154 (d)(4).  |
| 7.   | <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)).   |   |
|  | a.   | <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).                                   |
|  | b.   | <input type="checkbox"/> have been communicated by the International Bureau.  |
|  | c.   | <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.                                |
|  | d.   | <input checked="" type="checkbox"/> have not been made and will not be made.  |
| 8.   | <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).  |   |
| 9.   | <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).   |   |
| 10.  | <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).                   |   |
| Items 11 to 20 below concern document(s) or information included:  |  |   |
| 11.  | <input checked="" type="checkbox"/> Information Disclosure Statement under 37 CFR 1.97 and 1.98  |   |
| 12.  | <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |   |
| 13.  | <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.  |   |
| 14.  | <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.   |   |
| 15.  | <input type="checkbox"/> A Substitute specification.   |   |
| 16.  | <input type="checkbox"/> A change of power of attorney and/or address letter.  |   |
| 17.  | <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.   |   |
| 18.  | <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154 (d)(4).  |   |
| 19.  | <input type="checkbox"/> A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).  |   |
| 20.  | <input checked="" type="checkbox"/> Other items or information:  |   |
|  | a.   | <input checked="" type="checkbox"/> Copy of cover page of International Publication No. WO 2004/059934 A1.                                      |
|  | b.   | <input type="checkbox"/> Copy of Notification of Missing Requirements.  |

| U.S. APPLICATION NO. (If known, see 37CFR 1.5)<br><b>101540530</b>  |              | INTERNATIONAL APPLICATION NO.<br>PCT/IB2002/005613                         |            | ATTORNEY'S DOCKET NUMBER<br>05788.0374 |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td colspan="2"><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b></td> <td><b>\$300.00</b></td> </tr> <tr> <td colspan="2">National Stage Search Fee.....</td> <td>\$500.00</td> </tr> <tr> <td colspan="2">National Stage Examination Fee.....</td> <td>\$200.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></td> <td colspan="2">\$1000.00</td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of additional 50 or fraction thereof (rounded up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>52 - 100 =</td> <td>/50=</td> <td></td> <td>x 250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>24</td> <td>- 20 =</td> <td>x \$50.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3 =</td> <td>x \$200.00</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF THE ABOVE CALCULATIONS =</b></td> <td colspan="2">\$1200.00</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>SUBTOTAL =</b> \$1200.00</td> </tr> <tr> <td colspan="6">Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b> \$1200.00</td> </tr> <tr> <td colspan="6">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). 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A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p> </td> </tr> <tr> <td colspan="6">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</td> </tr> <tr> <td colspan="6">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="6">Finnegan, Henderson, Farabow, Garrett &amp; Dunner, L.L.P.<br/>901 New York Avenue, NW<br/>Washington, D.C. 20001-4413<br/>EFC/FPD/sci<br/>DATED: June 24, 2005</td> </tr> <tr> <td colspan="6" style="text-align: right;"> <br/> <b>SIGNATURE</b><br/> Ernest F. 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| National Stage Search Fee.....  |              | \$500.00   |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>   |              |  |            | \$1000.00                              |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| 52 - 100 =  | /50=         |  | x 250.00   |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA   | RATE       |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | 24           | - 20 =   | x \$50.00  |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 3            | -3 =   | x \$200.00 |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |              |  | +\$360.00  |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF THE ABOVE CALCULATIONS =</b>  |              |  |            | \$1200.00                              |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL =</b> \$1200.00   |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE =</b> \$1200.00   |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. +  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b> \$1200.00  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Amount to be refunded:  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| charged:  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1200.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:   |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.<br>901 New York Avenue, NW<br>Washington, D.C. 20001-4413<br>EFC/FPD/sci<br>DATED: June 24, 2005   |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br><b>SIGNATURE</b><br>Ernest F. Chapman/25,961<br><b>NAME/REGISTRATION NO.</b>  |              |  |            |  |  |   |  |                 |                                |  |          |                                     |  |          |   |  |  |  |           |  |              |              |  |      |            |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |  |  |  |           |  |  |  |  |           |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |